|  |
| --- |
| **Police Safeguarding** **Notification**  |
| **This form is intended for the use of professionals working with children whom they consider maybe at risk of CSE. To share information with the police regarding persons about whom there are suspicions regarding their behaviour towards children.** |
| **SUSPECTS / ASSOCIATES****Do you have any information that might identify an individual who might pose a risk of harm to the child as a result of CSE?****No action will be taken against any person named here based only on the information that you provide. Refer to ‘BSCB CSE Guidance’ for further information regarding information sharing.** |
| ***Please complete the below with any information you may have.******This information needs to be e-mailed to the Police Safeguarding co-ordination Unit (SCUs) as per your normal practice in relation to child protection referrals to police:*** |
| **Name or Nickname [Alias]:** |  Click here to enter text. |
| **DOB:**  | Click here to enter text. | **Age:**  | Click here to enter text. | **Gender:** | Click here to enter text. |
| **Ethnic appearance:** |  Click here to enter text. |
| **Any distinguishing** **fixtures:** *(tattoos, Marks, scars)*  | Click here to enter text. |
| **Phone numbers:** *[Any number you may hold or made aware]* |  Click here to enter text. |
| **Address:** *[Any addresses linked to the person or localities where the child may have been taken]*  |  Click here to enter text. |
| **Any social media you know is using:** *[Facebook, Twitter, Instagram, Snapchat, Whatsapp etc.]* | Click here to enter text. |
| **Suspected/ known links to others** **who may pose a risk.** *[Please complete a separate page for each individual]* | Click here to enter text. |
| **VEHICLE** | **Make** | **Model** | **Colour** | **Registration** |
| Click here to enter text. |  Click here to enter text. |  Click here to enter text. |  Click here to enter text. |
| **Is there a risk present to others, i.e. other child/ vulnerable adult?** | Click here to enter text. |
| **Why do you think this person is a perpetrator and what is the relationship with the victim** *(if any)* | Click here to enter text. |
| **Any other details you have for the perpetrators/ suspects.** | Click here to enter text. |
| **What immediate risks does the young person face?** | Click here to enter text. |

**Outcome:**

|  |  |  |
| --- | --- | --- |
| **Refer to Children’s Social Care or Police accordingly:** | **YES** [ ]  | **NO** [ ]  |
| **Immediate complex strategy meeting:** | **YES** [ ]  | **NO** [ ]  |
| **Support agency to complete SAF:** | **YES** [ ]  | **NO** [ ]  |